PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS. This from should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 4 should be completed where appropriate. All faither correspondence including the Patient, advance orders and notification of transmenance fees with be mailed to the current correspondence affects as indicated unless conrected below or directed otherwise in Block 1, by (a) specifying a new correspondence

address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legality made up with agric permedians or nic block.):

7590 01/19/2007 26171

APPLICATION NO	APPLICATION NO FILING DATE		FIRST NAMED INVENTOR		ATTORNEY (DOCKET NO	CONFIRMATION NO
69/749,798	12/28/2000		Thomas	. Bonaldson	06975-3 46003	6269
TITLE OF INVENTION: FIL	TERING SEARCH RESULT	8				
APPLN TYPE	SMALL ENTERY	ISSE	DE PER PUBLICATION FEE		TOTAL FEE(S) CLIE	DATE DUE
vanprovisions:	NO NO	\$1	800	\$300	\$1780	94/19/2007
FXAMINES		ART	ARTUNIT CLASS SUBCLASS			
NGUYE	N, CINDY	21	61			
? Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).			names of up to 3 registered patent automess or agent CR, alternatively, (2) the name of a single-firm (lawing as a member a registered automesy or agent) and the names of (1) so 2 registered platent automess or agents. I firm paring its lends on name a single platent automess or agents. I firm paring its lends on name a			
[] Change of correspondence address (or Change of Corresponden Address form PTG/SIV [22] attached.						
[1"Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Casto Number is required.						
		, no assignee da ed ur-ler separate	a will appear reover. Comp	T (print or type) on the patent littelusion of assign election of this form is NOT a subs h (CTPY and STATE OR COUN		n se asugnment has been
AOLISC: Du		alles, VA				
Please check the appropriate	assigner caregory or categor	es (will not be p	rinted on the	petent): [] individual [X] o	orporation or other provate grou	p entity governme
4a, The following feets) are enclosed: X fissue Fee X Publication Fee (Na small arriny discount permitted)			4b. Payment of Fee(s) A check in the amount of the fee(s) is enclosed. Fayment by circlic card. Form PTO-3038 is attached. The Director is knowly authorized to charge the required fac(s), or credit any overpayment to Depose Account Number 9-3-1920 (cendes or acts copy of this form).			
[] a. Applicam claims SA	(from status indicated shove) #AAJ, ENTITY status. See T			opheun is no longer elaining Sh		
The Director of the USPTO NOTE: The usus Fee and P shown by the records of the	is requested to apply the Issue ublication For (if required) w United States Patern and Trac	Fee and Publics ill not be accepte emark Office.	ition Fee (if a ad from anyor	ny) or us re-apply any proviously to other than the applicant, a regis	paid issue fee to the application dered agent or, or the assigned of	identified shove. or other party in interest a
(Authorized Signature)			-	(Date)April 17, 2607		
Typeri or Printed Name - Jeverny J. Mosaido				Remistration No. 58 680		

This collection of information is required by 37 CPB 4.311. The information as required to operator means a mentir by the qualitie officies, is to fite (and by the LSPTO to process) an application. Confidentiality is governed by 351.5C, 122 and 37 CFB. 1-8. This collection is estimated to take 12 minutes in compiler, including gathering, repranting and continuous procedured process of the control of the cont

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Registration No. 58,689